

HELENA-WEST HELENA SCHOOL DISTRICT

305 Valley Drive
Helena, AR 72342

OVERTIME REQUEST FORM

FOR PAY PERIOD ENDING _____ / _____ / _____

Any request for overtime shall be pre-approved by your supervisor on a daily basis before completing your assignment(s).

Employee name: _____ Department _____

Date	Description	Pre-Approval Signature	O.T. Hours

TOTAL HOURS: _____

Employee Signature/Date

Supervisor Signature/Date